

GIC Health Plan Rates – Monthly Rates as of July 1, 2010

**For HAWLEMONT REGIONAL SCHOOL DISTRICT
ENROLLEES**



Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	25%	\$104.06	\$249.74
Fallon Community Health Plan Select Care	25%	124.82	299.56
Harvard Pilgrim Independence Plan	30%	181.50	443.33
Harvard Pilgrim Primary Choice Plan	25%	120.04	293.21
Health New England	25%	103.85	257.42
Tufts Health Plan Navigator	30%	174.54	423.80
Tufts Health Plan Spirit	25%	115.44	280.29
NHP Care (<i>Neighborhood Health Plan</i>)	25%	103.72	274.86
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	40%	322.61	753.19
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	307.74	718.71
UniCare State Indemnity Plan/ Community Choice	30%	122.39	293.73
UniCare State Indemnity Plan/PLUS	30%	168.86	402.97

Retirees and Survivors *WITH* MEDICARE

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 90.50
Harvard Pilgrim Medicare Enhance	40%	151.78
Health New England MedPlus	40%	145.34
Tufts Health Plan Medicare Complement	40%	140.77
Tufts Health Plan Medicare Preferred*	40%	89.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	40%	145.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	141.03

* Rates are subject to federal approval and may change January 1, 2011.

Rates are Calculated by the Hawlemont Regional School District Benefits Office.

Rate questions? Call: 1.413.625.0192, Ext. 19